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PTO/SB/22 (09-06)
Approved for use through 03/31/2007. OMB 0651-0031
U.S. Petent and Trademark Office. U.S. DEPARMENT OF COMMERCE

PETITION FOR EXTENSION OF TIME UNDER :	37 CFR 1.136(a)	Dacket Number (Option	al)	
FY 2006		ALIP0033USA	ALIP0033USA	
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Filed 40/46/2003	E11-4 42/4E/2002	
opplication Number 10/707,460		Filed 12/16/2003		
or Method of detecting data structure of non-return-to	o-zero cata in an o		1 (MU TU)	
Art Unit 2627			Examiner NGUYEN, LINH THI	
his is a request under the provisions of 37 CFR 1.136 pplication.				
he requested extension and fee are as follows (check			e tee below):	
One month (37 CFR 1.17(a)(1))	<u>Fee</u> \$120	Small Entity Fee \$60	s 120.00	
	• •	\$225	\$	
Two months (37 CFR 1.17(a)(2))	\$450			
Three months (37 CFR 1.17(a)(3))	\$1020	\$510	s	
Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$	
Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$	
Applicant claims small entity status. See 37 CFR :	1.27.			
→ ¬ A check in the amount of the fee is enclosed.				
□ □ Payment by credit card. Form PTO-2038 is a	ttached.			
The Director has already been authorized to		is application to a Depo	sit Account.	
The Director is hereby authorized to charge a Deposit Account Number 50-3105	I h	ave enclosed a duplicat	e copy of this sheet	
WARNING: Information on this form may become ou Provide credit card information and authorization on	iblic. Credit card inf pro-2038.	formation should not be incl	uded on this form.	
am the applicant/inventor.		. 050 0 74		
assignee of record of the entire Statement under 37 CFR 3.	.73(b) is enclose	d (Form PTO/SB/96).		
attorney or agent of record. Re				
attomey or agent under 37 CF. Registration number if acting under	R 1.34.			
Wentonstan	,	04/1	1/2007	
Signature			Date	
Winston Hsu		302-7	302-729-1562	
Typed or printed name		Teleph	Telephone Number	
OTE: Signatures of all the inventors or assignees of record of the en	itire Interest or their repr	esentative(s) are required. Submit	multiple forms if more than	
ignature is required, see below.				

If you need assistance in completing the form, cell 1-800-PTO-9199 and select option 2.

04/12/2007 LWONDIM1 00000017 503105 10707460

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